



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7608

|  |   |                          |   |   |
|--|---|--------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/518,501   | <b>FILING DATE</b><br>03/03/2000<br><b>RULE</b>   | <b>CLASS</b><br>514      | <b>GROUP ART UNIT</b><br>1614<br>1624   | <b>ATTORNEY DOCKET NO.</b><br>03072.0013.CIP1 |
| <b>APPLICANTS</b><br>Mark D Erion, Del Mar, CA;<br>K Raja Reddy, San Diego, CA;<br>Serge H Boyer, San Diego, CA;                             |   |                          |   |   |
| ** CONTINUING DATA *****<br>THIS APPLN CLAIMS BENEFIT OF 60/153,127 09/08/1999<br>WHICH CLAIMS BENEFIT OF 60/123,013 03/05/1999              |   |                          |   |   |
| ** FOREIGN APPLICATIONS ***** <i>None</i>  |   |                          |   |   |
| IF REQUIRED, FOREIGN FILING LICENSE<br>GRANTED ** 05/18/2000   |   |                          |   |   |
| ** SMALL ENTITY **   |   |                          |   |   |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  |   | STATE OR COUNTRY<br>CA   | SHEETS DRAWING  | TOTAL CLAIMS<br>165                           |
| 35 USC 119 (a-d) conditions<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met |   | INDEPENDENT CLAIMS<br>21 |   |   |
| Verified and<br>Acknowledged<br><i>Jessica R Wolff</i><br>Examiner's Signature   |   | INITIALS                 |   |   |
| <b>ADDRESS</b><br>Jessica R Wolff<br>Brobeck Phleger & Harrison LLP<br>12390 El Camino Real<br>San Diego, CA 92130                           |   |                          |   |   |
| <b>TITLE</b><br>Novel phosphorus-containing prodrugs   |   |                          |   |   |
| <b>FILING FEE RECEIVED</b><br>2485   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                          | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |